

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2004</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>DALE</u> <u>A</u> <u>Brannan Jr</u> P.O. Box, Bldg., Room No., if any _____ Street <u>6203 NW Kimberly Downs</u> City <u>Parkville</u> State <u>MO</u> ZIP Code + 4 <u>64132</u>	4. Name, file number, and address of labor organization. Name <u>International Brotherhood of Teamsters (IBT)</u> Labor Organization File Number <u>000-074</u> P.O. Box, Building and Room Number, if any _____ Street <u>733 State Ave, STE 520</u> City <u>Kansas City</u> State <u>KANSAS</u> ZIP Code + 4 <u>66101</u>
5. Position in labor organization. <u>Asst to Pres / Dir of Genl Divison</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

7.a. Nature of Interest, Transaction, or Income.

\_\_\_\_\_

7.b. Amount.

\_\_\_\_\_

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

9/4/05  
Date

913-571-2690  
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Mobilization, Optimizing, Stabilizing - Trust

Trade Name, if any: MOST

P.O. Box, Bldg., Room No., if any

Street 253 State Ave, Ste 800

City Kansas City

State Kansas ZIP Code + 4 66101

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

MOST is a Labor Management Trust associated with the IPB.

## 11.b. Approximate dollar value of such dealing.

Unknown

## 12.a. Nature of interest held or income received.

Reimbursement of Expenses Associated with Labor Management Committee Activity

## 12.b. Amount.

Approx 79

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

## 14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing

Dale A. Branscum Jr

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Proforma Carter-Dotkey Real EstateTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 5921 NW Barry Rd, Ste 100City Kansas CityState MO ZIP Code + 4 64154

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

Real Estate Services

11.b. Approximate dollar value of such dealing.

Amount \$19,200

12.a. Nature of interest held or income received.

Spouse received real estate commission associated with sale of property owned by the IBB.

12.b. Amount.

Amount \$3,025

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Dale Branscum II

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mobilization, Optimization, Stabilization & TrainingTrade Name, if any: MOST

P.O. Box, Bldg., Room No., if any

Street 253 State Ave, Ste 200City Kansas CityState Kansas ZIP Code + 4 66101

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

MOST is a Labor Management Trust associated with the IBEW.

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

Attended Labor-Management Meetings and dinner August 3-4, 2004.

12.b. Amount.

Approx \$1089

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

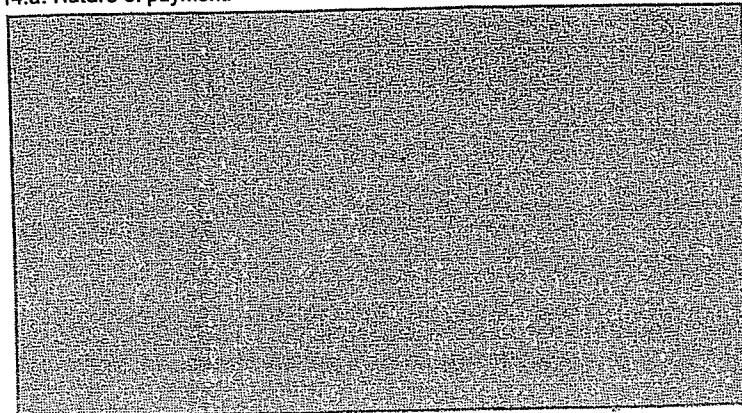
P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.



14.b. Amount of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?



Name of Person Filing

Dale Branscum II

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Boiler Makers National Apprenticeship ProgramTrade Name, if any: BNAP

P.O. Box, Bldg., Room No., if any

Street 1017 North Ninth StreetCity Kansas CityState Kansas ZIP Code + 4 66101-2624

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

BNAP is a Labor-Management Trust associated with the IBB.

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

Attended Annual BNAP Apprentice of the Year Awards Banquet with spouse on September 16, 2004.

12.b. Amount.

Approx \$150

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.